



Field Medical Readiness Badge (FMRB) Height/Weight Form



Last Name	First Name	PHS Serial Number

This is to certify that the above referenced Commissioned Officer of the United States Public Health Service has been examined and the following height and weight information has been observed:

Height	FT	IN
Weight		LBS
Age		

_____/_____/_____ Officer	_____/_____/_____ Date	_____/_____/_____ Provider	_____/_____/_____ Date
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CCRF Use Only